10-49-920 0746-EPA-01

Please refer to the Instructions for Filling Netification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Ad).

Notification of ! PA Regulated Waste 32 Activity United States Environmental Protection Agency

Date Received (For Official Use Only)

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VIII. Type of Regulated Waste Activity (Mark X in the appropriate boxes	The Art Street		
A. Hazardous Waste Aptivity	Constitution of the con-	960 OII - 61 - CIVII	
Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) Treater Storer Disposer (at the control of t	A PARTY STATE	CA Generalor Mark	
b. 100 to 1000 kg/mo (220 - 2,200 lbs)		b. Other Main ref	
c. Less than 100 kg/mo (220 be)	america 🔲	A. Barw. Prior	A WILL
2. Transporter (Indicate Mode in baxes 1-5 below) 15. Of child ference 15. December			
b. For commercial purposes			C 34 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mode of Transportation Air Product tel Boller	和計	FS inclusive	
2 Rad Company Surple Furnace		Specification Used C	I F.e. Marketer
3. Highway Water		for On-site Burners the Oil Meets the Sp	
S Other - specify			
IX. Denadoption of Regulated Wastes (Use additional sheets # necessary)			
A. Characteristics of Hontisted Hazardous Wastes. Mark X in the boxes correspondences your installation handles. (See 40 CFR Parts 261.20 - 261.24).	nding to the charac	terialization to solitate	Zerdou
1. Ignitable 2. Corrosive 3. Reactive 4, Toxicity	1242 A 34-1		
(D001) (D002) (D003) Characteristic	PA hazardous wash	number to be To	AN PERSON
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B. Listed Hazardous Wastes. (See 40 CFR 281.31 - 33. See instructions if you need	to list more then to	secon etasw 2	
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C. Other Wastes. (State or other wastes requiring an LD. number. See instructions.)			145.67
2			
X. Certification			
I certify under penalty of law that I have personally examined and ami			
E and all attached documents, and that based on my inquiry of the E obtaining the information, I believe that the submitted information	ise individuals Is true, accurat	immediately resi e. and complete.	ronsible for ! am aware
that there are significant penalties for submitting faise informat imprisonment.	ion, including	the possibility of	of fines and
the second secon		Data Signar	*************
Signature Name and Official Title (type or pr		Date Signer	3
XI. Comments			
	2		
Note: Mall completed form to the appropriate EPA Regional or State Office. (See	Section III of the		7.4

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act.)

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Notification of / Regulated Waste Activity

Date Received (For Official Use Only)

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XI. Comments



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5

77 WEST JACKSON BOULEVARD CHICAGO, IL 60604-3590

AUG 13 1993REPLY TO THE ATTENTION OF:

Dear Notifier:

Enclosed you will find the United States Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. You will find your twelve character ID number on the top portion of the enclosed notification form. This ID number acknowledges that you have filed a Notification of Regulated Waste Activity for the installation referenced on the notification form to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This ID number must be included on all shipping manifest(s) for transporting hazardous wastes; on all correspondence; and on all reports required under Subtitle C of RCRA by the U.S. EPA and State agencies.

Please carefully review your status to determine whether the box you have checked is correct for your installation. If you checked Box 1A "Generator" you are a large generator producing over 1000 kg/mo (2200 lbs). Iarge generators are subject to all applicable regulations under Subtitle C of RCRA including the Annual/Biennial Report. If you determine Box 1A was checked in error, you can change your status to either a Small Quantity Generator (100-1000 kg/mo) or a Conditionally Exempt Generator (less than 100 kg/mo) by notifying the U.S. EPA in writing at the address at the top of this letter. Please indicate which generator category is correct for your installation.

Please note the U.S. EPA number is site-specific. If your installation changes locations, a new notification is required for a new ID number. If your installation has changed ownership, a subsequent notification must be filed to allow the new owner to use the ID number.

If the purpose of your notification is a one-time disposal for a clean-up, PCB removal, underground storage tank removal, etc., please notify U.S. EPA in writing upon completion of the project. U.S. EPA will deactivate the ID number at that time. Any other notification changes not mentioned can be sent to U.S. EPA by letter.

If you have any further questions regarding hazardous waste activity, please contact the Region V Notification Hotline at (312) 886-4001.

Sincerely,

Sharon J. Kiddon

Environmental Protection Specialist

Sharmel Kiddle

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160984922005

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved OMB No. 2050-0028, Expires 9-30-92

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completing this form. The information required here is required by law (Section 3010)	SEPA	Regulated Waste	AUG 0 6 1996
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I, Installation's EPA ID Nurr			MC Commence of the Commence of
A. First Natification	B. Subsequent N		ation's EPA ID Number
II. Name of Installation (Inc.			
CONSOLI	04 - 50		4 B S
III. Location of Installation	(Physical address not P	G. Bax or Route Number)	
Street / (2) / W A U	KEGAN	ROADIII	
Street (cominued)			
SUITE#1	200		
City or Town	I Joiel I I	State ZIP Code	0777
LAKE BL	[4 F F]	1 1 1 1 1 ZK 16/019	214141-1-1-1-1
County Code County Name	1/AKE		
IV. Installation Mailing Add	ress (See Instructions).		
Street or P.O. Box			
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Name (fast)		(first)	
Job Title		Phone Number (area code an	id number)
LAB MAA	1AGER	8 4 7 - 23 4	
VL Installation Contact Ad			
A. Contact Address B. Stre Location Mailing	eet or P.O. Box		
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VII. Ownership (See instru			
A. Name of Installation's			
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1847-234	11-12074	P P Yes No	

	ID – For Official Use Only
VIII. TO SEE STATE OF THE SECOND SECO	
VIII. Type of Regulated Waste Activity (Mark 'X' In the appropriate boxes. A. Hazardous Waste Activity	B. Used Oil Fuel Activities
Generator (See Instructions) Treater, Stoner, Disposer (a. Greater than 1000kg/mc (2,200 lbs.) for this activity, see instruc-	t is required 1 Off-Specification Used Of Fuel
b. 100 to 1000 kg/mo (220 + 2,200 lbs.) C: Less than 100 kg/mo (220 lbs.) 4. Hazardous Waste Fuel	a. Generator Marketing to Burner D. Other Marketer.
2 Transporter (Indicate Morte in boxes 1-5 below) b Other Marketers	Burner - indicate device(s) - Type of Combustion Device
a. For own wasts cray b. For commercial purposes	Furnace 1. Utility Boller
1. Smaller Defens Mode of Transportation 2. Small Quantity	=
1. Air indicate Type of Comb	_
3 Highway 1. Utility Boller	2. Specification Used Oil Fuel Marketer for On-site Burnert Who First
4. Water 2. Industrial Boiler 5. Other - specify 3. Industrial Furnal	Specification
5. Underground Injection Co	
IX. Description of Regulated Wastes (Use additional sheets if necessary)	
A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes correspon	The control of the co
wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24) 4 Toxicity 1 Ignitable 2 Corrosive 3 Resolve Characteristic	
(1901) (1902) (1903) (1903)	numbers) for the Toxicity characteristic contaminantis);
B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need	to list more than 12 waste codes.)
	5 6
F 0 0 3 7 8 9 10	
7 8 9 1a	11 12
C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number.	See instructions.)
X. Cartification	
I certify under penalty of law that this document and all attachments were accordance with a system designed to assure that qualified personnel	properly gather and evaluate the information
submitted. Based on my inquiry of the person or persons who manage the significant gathering the information, the information submitted is, to the best of i	ystem, or those persons directly responsible for nv knowledge and belief, true, accurate, and
complete. I am aware that there are significant penalties for submitting false imprisonment for knowing violations.	information, including the possibility of fine and
Signature Name and Official Title (type or prin	
Q. Linda (I. Xilvire X) Kistology Maria	ger 17-17-96
XI. Comments	
	6/0/96
Note: Mail completed form to the appropriate EDA Regional or State Office. (See 5	